ISSUE SLIP STAPLE AREA (for additional cross references) DATE ID NO. INITIALS **POSITION** FEE DETERMINATION O.I.P.E. CLASSIFIER FORMALITY REVIEW INDEX OF CLAIMS Non-elected Rejected Interference Allowed Appeal (Through numeral) Canceled ObjectedRestricted Claim Date Date Claim Claim Final Original Original Final (1) 19 14 20 1

If more than 150 claims or 10 actions staple additional sheet here

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